

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116308

**Entity Name:** VENEVISION INTERNATIONAL PUBLISHING DISCOS LLC

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA, STE 1400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA, STE 1400  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-4134454

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HERNANDEZ, EDUARDO L  
121 ALHAMBRA PLAZA, STE 1400  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER, SECRETARY  
Name           HERNANDEZ, EDUARDO L  
Address        121 ALHAMBRA PLAZA  
                  SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER, PRESIDENT  
Name           BLUM, JONATHAN  
Address        121 ALHAMBRA PLAZA,  
                  SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER, VP  
Name           DVORAK, MIGUEL  
Address        121 ALHAMBRA PLAZA,  
                  SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

Title           TREASURER  
Name           BEARD, MELANIE  
Address        121 ALHAMBRA PLAZA,  
                  SUITE 1400  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDUARDO L. HERNANDEZ

**MANAGER**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date